

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Denise Diaz for Senate 2019			<b>Date of This Filing</b> <u>03/06/2019</u>  <b>Report No.</b> <u>20</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>2</u>	Date Stamp     Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (323)667-7688	I.D. NUMBER (if applicable) 1415331				
STREET ADDRESS					
CITY South Gate	STATE CA	ZIP CODE 90280			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/04/2019	Root of Life Raw Juices Huntington Park, CA 90255-5825	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00
03/06/2019	Root of Life Raw Juices Huntington Park, CA 90255-5825	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other

PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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<b>STREET ADDRESS</b>					
<b>CITY</b> South Gate	<b>STATE</b> CA	<b>ZIP CODE</b> 90280			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: